

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001740

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

351

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b

40 years.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Research Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

admission)

c. CITY
OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

4046 CAMPBELL

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JESSIE

Middle

D

Last

HEYING

4. DATE
OF DEATH

Month

Day

Year

JANUARY 19

1962

5. SEX

FEMALE

6. COLOR OR RACE

CAUC.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-22-1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BOOKKEEPER'S PAYROLL CLERK

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm Rush King

13b. MOTHER'S MAIDEN NAME

MARGARET D. ALLISON

14. NAME OF HUSBAND OR WIFE

HENRY H. HEYING

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

(If yes, give war or dates of service)

NONE.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

HENRY H. HEYING

4046 CAMPBELL

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Acute coronary thrombosis -
Coronary atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1955, 10 to Jan 15, 1962 and last saw her alive on Jan 15, 1962
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

MUEHLBACH 6800 TROST KS, MO

1-20-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Mr. Keethner
Pres. Bd. Ed.
Jan 1-2892

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Danny C. Keene, Student Embalmer No. 647

working under my personal supervision.

Student Danny C. Keene
Signature of Student Embalmer

Signed C. D. Nelson

Licensed Embalmer No. 4481

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.